

Mail Drop 818Z Medical Review Program Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

ALCOHOL MONITORING DEVICE APPLICATION

Information and Requirements

The ignition interlock device is a breath alcohol sensing instrument installed in a motor vehicle and connected to the ignition system to prevent the vehicle from starting unless you first provide a breath sample. Air must be drawn from a region of the lungs where the alcohol vapor is the same as the blood concentration. This requires that the air comes from alveoli deep within the lungs. To ensure that the breath sample is alveolar air, the interlock device requires that a minimum of 1.5 liters of air be exhaled before sampling the air for alcohol content. If the measured breath alcohol concentration is at or above a set level, the ignition is locked and the vehicle will not start.

Use of the ignition interlock device is a requirement resulting from a driving under the influence conviction. You are required to install an ignition interlock device before being allowed to reinstate your driving privilege. Upon reinstatement, you must maintain and properly operate the device in the required manner for the duration of the requirement.

Upon showing sufficient medical evidence that you cannot perform the duties required to properly or efficiently operate the ignition interlock device in the required manner, you will be placed in a Continuous Alcohol Monitoring Program, instead of having the required interlock device installed. You must pay the costs for the program and remain in it for the same amount of time that the ignition interlock is required.

The Continuous Alcohol Monitoring Program monitors alcohol use daily by means of an attached ankle bracelet. The bracelet will record transdermal (through the skin) alcohol readings every half hour and upload them to a base station, where they are then verified and sent to us.

Consumption of alcohol will not be allowed **at any time** while enrolled in the program, even if you are not driving. If you test positive for a blood alcohol content level over 0.03 two times, the program will be discontinued and you will be required to install a certified ignition interlock device, as required by law.

This form must be received by the Medical Review Program within 90 days of the Date of Exam.

Driver Certification

I acknowledge that I have read and understand the information above regarding the ignition interlock device requirement and the Continuous Alcohol Monitoring Program.

Driver Name (first, middle, last, suffix)		Date of Birth	Driver License Number		
Mailing Address		City		State	Zip
Phone ()	Signature				

Medical Certification

Upon reviewing the physical capabilities of the applicant, I have concluded that the driver is medically unable to provide the minimum 1.5 liter breath sample, as required.

Physician Name (first, middle, last, suffix)	Medical License/Cer	Medical License/Certificate Number			
			□MD □DO		
Mailing Address	City	State	Zip		
Phone Signature (must be original sign	Signature (must be original signature, no stamps) Da		e of Exam		
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